

chapter, table 2 lists the major infectious agents in AIDS patients. Salmonella, shigella and campylobacter are singled out as having altered pathogenicity despite this being almost certainly true of many of the other organisms listed in the table—for example *Treponema pallidum*. In chapter 4, describing oral complications, no mention is made of thalidomide in treating refractory aphthous ulceration. Although the latter drug is not available for this indication in the United States, this is an example of authors on the other side of the Atlantic yet again omitting to cite UK or European experience. Finally, as always, books on HIV infection and AIDS begin to date quickly. For example there is now a reliable method of detecting microsporidia in the stool and not just via duodenal biopsies. However, this can hardly be said to be a valid criticism as references are extensive and up to the date of publication.

Overall, this is a well produced book with numerous and excellent black and white illustrations and photomicrographs. It should be accessible to all who look after patients with HIV disease.

D A HAWKINS

Immunology of HIV infection. Edited by A G Bird. *Immunology and medicine series vol. 17.* Dordrecht, Kluwer Academic Publishers 1992. (pp 180. £40). ISBN 0-7923-8962-X.

This volume is the seventeenth in the

Immunology and Medicine series, designed to present individual topics in immunology to clinicians and pathologists in a condensed package of readily assimilable information. The chapter authors are drawn from the UK and the Netherlands and are recognised experts in HIV research. The chapters review the natural history of HIV infection, lymphocyte functional defects, antigen presentation, cytotoxic T cell responses and monitoring disease progression. Almost all of the information relates to the epidemic strain HIV-1; discussion of HIV-2 which is endemic to equatorial West Africa, and the genetically related Simian Immunodeficiency Virus (SIV) family is principally in relation to vaccine development in the SIV-infected macaque as an animal model of AIDS. A review of the viral life cycle is included in discussion of HIV variability in the pathogenesis of AIDS, which indicates the enormous genomic diversity and biological heterogeneity within populations of virus. This is accompanied by a relatively short review of the B lymphocyte response to HIV infection. Since current candidate vaccines based on purified viral envelope proteins are intended to elicit antibodies against HIV, the capacity of antibodies to neutralise diverse HIV isolates is a crucial question. There is a detailed critique of the use and limitations of CD4 + lymphocyte counts to assess progression of HIV infection, which is particularly welcome in the light of recent clinical antiviral trials which have cast doubt on the validity of CD4 + counts as surrogate end-points compared

with clinical end-points. The text maintains a firm clinical emphasis with a high standard of clarity and brevity throughout, with clear illustrations and excellent references at the end of each chapter. As a concise authoritative review, this volume admirably fulfills the aims of the series.

AJ CARMICHAEL

NOTICE

Medical Screening: The Way Forward

Medical Screening provides many opportunities for the prevention of disease and handicap. What can it offer and what are its limitations? Based on several case studies, *Medical Screening: The Way Forward*, organised jointly by *BMJ* and *Journal of Medical Screening* is a one day conference to be held on 26 January 1994 at the QE2 Conference Centre, London; to examine the medical, scientific, ethical, social, psychological and economic aspects of screening.

For more information please contact: Pru Walters, BMA Conference Unit, BMA House, Tavistock Square, London WC1H 9JR. Telephone 071 383 6605. Fax 071 383 6400.

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